

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 4062	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Frank A Rossi P.O. Box, Bldg., Room No., if any P.O. Box 1370 Street 115 Progress Ave. City Springfield State Massachusetts ZIP Code + 4 01101	4. Name, file number, and address of labor organization. Name Teamsters Local Union 404 Labor Organization File Number 022573 P.O. Box, Building and Room Number, if any Street 115 Progress Ave. City Springfield State Massachusetts ZIP Code + 4 01104
5. Position in labor organization. Executive Board Member	

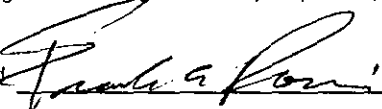
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/05/2005

Date

413 781-6326

Telephone Number

Name of Person Filing **Frank Rossi**File Number **U-**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Teamsters Local 404 H.S.I.P.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 1370**Street **115 Progress Ave.**City **Springfield**State **Massachusetts** ZIP Code + 4 **01101****9. Business deals with:**☒ **a. Labor Organization**☐ **b. Trust**☐ **c. Employer****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.**Provide Health and Welfare Benefits to the Local's members.****11.b. Approximate dollar value of such dealing.****\$3,000,000****12.a. Nature of interest held or income received.****Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 04/17/2004-04/24/2004****12.b. Amount.****\$3,308**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.**13.b. Is the Business an Employer ☐ or Consultant ☐ ?****14.b. Amount of payment.**

Name of Person Filing **Frank Rossi**File Number **U-**

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.**Provide Health and Welfare Benefits to the Local's members.****11.b. Approximate dollar value of such dealing.****\$3,000,000****12.a. Nature of interest held or income received.****Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 06/04/2004.****12.b. Amount.****\$62**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.**13.b. Is the Business an Employer or Consultant ?****14.b. Amount of payment.**

Name of Person Filing **Frank Rossi**File Number **U-**

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.**Provide Health and Welfare Benefits to the Local's members.****11.b. Approximate dollar value of such dealing.****\$3,000,000****12.a. Nature of interest held or income received.****Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 09/26/2004-09/29/2004.****12.b. Amount.****\$1,018**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.**

Name of Person Filing Frank Rossi	File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Provide Health and Welfare Benefits to the Local's members. 11.b. Approximate dollar value of such dealing. \$3,000,000 12.a. Nature of interest held or income received. Reimbursement of expenses incurred attending a Board of Trustees meeting of the Tri State Joint Fund from 11/17/2004. 12.b. Amount. \$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.